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FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

THE IRISH NURSES' ASSOCIATION

THE Dublin Nurses' Club, of which mention has been made in these pages, at a large and animated meeting in January last resolved to change the name of the club to "The Irish Nurses' Association," and to extend its membership over the whole of Ireland in order to have a well-organized body to take a part in the oncoming great work of passing a State registration bill through Parliament. The president is Miss Huxley, whose distinguished work in leadership and in training-school has often been referred to in this JOURNAL. The first act of the new association was to call a general meeting of matrons and nurses from all over Ireland to discuss the bills for State registration.

We hope the new association will be represented at the Berlin meetings in June.

THE NURSING SYSTEM OF ITALIAN HOSPITALS

IF one were to search for the most historically important and interesting nursing service in the world, one would find it in Italy; and if one were then commissioned to modernize this system in accordance with the requirements of science and hygiene and with an eye also to the economic basis, one would be confronted with one of the most puzzling and complicated problems imaginable.

The nursing system seen in Italy to-day dates from the third century of the Christian era, and in the general organization of hospital work the division of labor and the plan of day and night duty is undoubtedly much the same as in the early centuries when the various religious nursing orders were first established. Glimpses into the early history of the care of the sick are wonderfully interesting.

Lanciani says that compassion and charity according to our ideas were absent from the Roman character in pagan times; that many temples of a propitiatory character were built,—one to the Goddess of Fever, one to the Evil Eye, etc., etc.,—but that hospitals, even in the most rudimentary form, were not known until the third century.

Yet, he says, a temple to Æsculapius was established on an island in the Tiber in the four hundred and fifty-ninth year of the city, and that the sick were brought there and received in their dreams the instructions as to their cure, and that the priests of the temple then carried out the supernatural prescriptions. This being the case, and if their friends were kind enough to carry them there, it seems as if some rudimentary form of nursing must also have been practised. On this same island, by the way, there stands a hospital to this day—San Giovanni di Calabita.

The early Christians from the first made the care of the sick one of their chief works, and took them into their own houses. Certain great ladies of Rome

who became converted were very active in such work, and showed conspicuous ability in organization, notably Lucina and Fabiola, the latter of whom is said to have founded the first hospital, meaning, very probably, that she brought order and system into the voluntary service.

It would be very fascinating to wander into all the by-paths of history, but would lead too far for the scope of this sketch.

With the founding of the monasteries came the large hospitals as we see them to-day, and anyone who wishes to learn something of the history of the many nursing orders will find a mine of information in the *third* volume of "Hand-Book to Christian and Ecclesiastical Rome," by M. A. R. Tucker and Hope Malleeson. This third volume deals with monasticism under the Church of Rome. Whatever one's modern ideas may be, it is impossible not to feel deep respect and admiration for the hospital record of these Mediæval orders.

Many of the famous "religious" who are now canonized were really social reformers of vast ability and courage. Catherine of Siena was the Florence Nightingale of the Middle Ages, and performed marvels of hard and heroic nursing, to say nothing of her political activity. Francis of Assisi revolutionized the whole question of the treatment of lepers, which, as Knox Little in his "Life of St. Francis" says, "was one of the great social difficulties of the time. . . . The leper lost all his rights . . . he had no occupation . . . he had no civil rights even in making a will or handing on his property . . . his acts were void in law. . . . To suffer from this disease was absolute degradation. . . . It is evident that the wisdom of the time, medical and social, was entirely at fault in view of this tremendous and increasing social evil. . . . St. Francis saw how important it was for mankind that the leper question should be dealt with thoroughly.

"Men of all ranks entered the Franciscan order . . . men of culture, of considerable means, and of noble birth. No matter who they were, he insisted on their dwelling in the leper hospitals and attending to the sufferers. It followed that something like improvement in the condition of the towns was begun, and something like a proper treatment of the disease. From this followed in course of time the complete annihilation of the scourge in Europe, which . . . was really the work of St. Francis." ("Life of St. Francis of Assisi," by Knox Little.)

The influence of such personalities and many other noble characters, such as San Bernardino and St. Vincent de Paul, perpetuated in art, legend, and history as they are, and made concrete in these huge old hospitals, built in ancient cloisters and churches, cannot but surround the nursing orders with a certain halo and give them a great hold on the minds and sentiments of people in general.

Thus the church retains to this day almost entire control in hospital management in Italy.

Now, then, it is impossible not to see that modern conditions demand new reforms and a new revolution, even as the earlier ones demanded them in their day.

The religious orders have not kept up with the discoveries of science and the advance of hygiene, and they are entirely out of touch with modern industrialism and the onward movement of self-supporting women workers.

The Mediæval conception of hospital work is a lovely one, founded on compassion and offering an opportunity for voluntary service, but it is not adequate

for the present, when all charitable endeavor is becoming constructive, and when medicine tends continually to prevention.

The actual nursing in the Italian hospitals—that portion of work which with us is done by one set of persons, viz., the nurses—is here divided up between *three* sets of persons—viz., the physicians or their students, the nuns, and the servant-nurses, who also do a large portion of what we call ward-maid's or orderly's work. This, at least, is the way it seems to an outside observer, though, doubtless, it would not be so classified by the officers themselves.

Take the physicians first. It is perfectly evident that the younger residents and medical students do many acts and parts of nursing work, because one can see them doing them. Minor dressings, charting, observation of symptoms and of the effect of drugs, shaving for operations, oftentimes taking temperature, pulse, and respiration, are some of the parts of the work performed by these young men. True, in our hospitals they may do the same things, but they do them to learn, and not because there is no one else to do them.

Second, the nuns. The usual proportion of nuns to a hospital is seldom greater than one to twenty-five patients, and is oftener one to fifty. No one would, then, imagine that it could be possible for the sisters to do more than supervise, maintain order and tranquillity (which they do in a wonderful way), give medicines (special ones), carry out special orders, and keep up a general oversight, seeing visitors, reporting to the physicians, and ordering the household side. This they also do well. Their kitchens are beautiful, and their bed-linen, patients' gowns, doctors' aprons, etc., are admirably kept, beautifully clean and mended, and ample in supply. In short, it appears that the nuns do well and faithfully everything that they have been taught to do. Their failures are in what they have not been taught, and in what they are not allowed to do.

It is hard to understand, after reading the lives of Catherine, Theresa, and other saints, why the church should forbid certain duties to the nuns. I am inclined to think that the saints drew no lines. But hospital nuns are not allowed to attend personally to any parts of the human body except the upper and lower extremities, even with women patients—indeed, even with children. They cannot, therefore, bathe and change and prevent bedsores. This is not their fault, but the fault of their system, and this system also has another serious fault for a nursing service: that its members must recognize, not the medical profession, but the church, as its ultimate authority. While these two, theoretically, should not clash, yet practically this result follows, that the nuns do not get the physicians' point of view in the care of cases.

They are not allowed to do gynecological or obstetrical nursing. While, therefore, they are *in charge* of these divisions they see and know nothing of the details. Who does these things, then? This brings us to—

Third, the servant-nurses. The servant-nurses are of the grade of our ward-maids and orderlies. They receive wages and work as servants. Besides the ward work, the cleaning, sweeping, tray-carrying, meal-bringing, and all the various maids' work, they must also do everything that is left in the province of nursing after we have deducted the share performed by the physicians and the nuns. They carry the bedpans, change the soiled sheets, make poultices and apply them, give enemas, put the typhoids into their tubs, fill ice-caps, etc., etc., *ad infinitum*. Need we ask how all this is done?

They also do the night-duty, so far as it is done. The one or two nuns who are in charge of a big hospital at night can do more than make rounds, and in one fine, new hospital I was shown the little window at the end of a long ward

through which the night sister "looked" at the ward. These servant-nurses, as might be expected, sleep the greater part of the night, and the patients take care of one another.

They are also short in numbers. As an illustration, in one ward of one hundred and fifty women and children there was a staff of four nuns and six servant-nurses. As a result, their hours are extremely—even inhumanly—long, varying from eleven and twelve to thirty hours at a stretch.

Now, it was the fashion of the Middle Ages for people who worked at all to work themselves to death. Catherine of Siena died at thirty, and all the saints overworked themselves. But it is not in accordance with modern common-sense to kill one set of people while trying to cure another set.

But most difficult of all complications is the economic complication.

The servant-nurses, being uneducated, are paid very little, housed very badly, and altogether represent a cheap-labor element. The nuns, being supported by their orders, are also cheap labor, as the hospitals pay comparatively small sums for their services.

The medical students and young physicians are getting an education which is worth their while, and many of these young men are called to a sort of "private duty" when there is serious illness in the houses of the wealthy; that is, it is quite customary to have a nun for the sick person and a young physician to stay in the house, sit up at night, etc. Add to this that the midwives of Italy are very thoroughly trained in a two-years' service in government universities, and that they absorb most, if not all, of gynæcological work, and it will be realized how many and how firmly intrenched are the competitors of the modern trained nurse.

The hospitals, as a rule, have not as much money as they need, and dread the innovation of a modern training-school with its attendant expenses.

Therefore long established custom, religious sentiment, financial conservatism, and to some extent professional caution, to say nothing of social usage and conventionalities, oppose formidable barriers to the modern movement towards renovation of the antiquated nursing service of Italy.

In another number I shall try to tell something of these modern developments.

(To be continued.)

LETTERS

(Continued from page 481.)

THE Ospedale Civile in Venice was my first Italian hospital, and a never-to-be-forgotten one. As everything in Venice is more beautiful than things of its kind anywhere else, so this hospital is more stately and superb and impressive in its special way than other great hospitals having its general character.

For the Ospedale Civile is established in an old Dominican monastery six hundred years old, its entrance being through the former Scuola di San Marco, on the Campo Giovanni e Paolo, and I mean now to compare it with other large hospitals established in old monasteries, of which one finds many in Italy, and not with such hospitals as the General Hospital of Milan or the new hospital in Rome, which are of entirely different styles.

Besides its imposing beauty, the Ospedale Civile also surpasses some other

large hospitals that I have seen in Italy in its strikingly thorough cleanliness throughout, and its fresh, pure atmosphere, entirely free from odor, in the wards. In these two particulars many of the great general Italian hospitals, however interesting otherwise, are quite deficient according to our ideas. We asked a "Portier" to take us about, and in order that we might make the proper impression (remembering the advice I had had about the lowly condition of the Italian nurse or "infirmière") I announced myself as a "Dottressa," for which fib I hope to be forgiven. I found later it was not necessary to take this trouble. Simply to say one is an American and would like to visit the hospital is enough to insure every attention and courtesy. (The "Portier" should receive a small fee for his trouble.)

The first ward into which we were shown, after passing through fine old halls and passages, was a sight to make one open one's eyes. It had been the library of the monastery, and was a room of majestic proportions and having a particularly fine carved wood ceiling, of a height which we never see at home except in public buildings.

It had no pillars, and contained one hundred beds in four rows without any appearance of crowding, and yet one end was furnished with altar-pieces and set aside for the religious observances. (Every Italian hospital has its chapel, and in many they are in direct communication with the wards.)

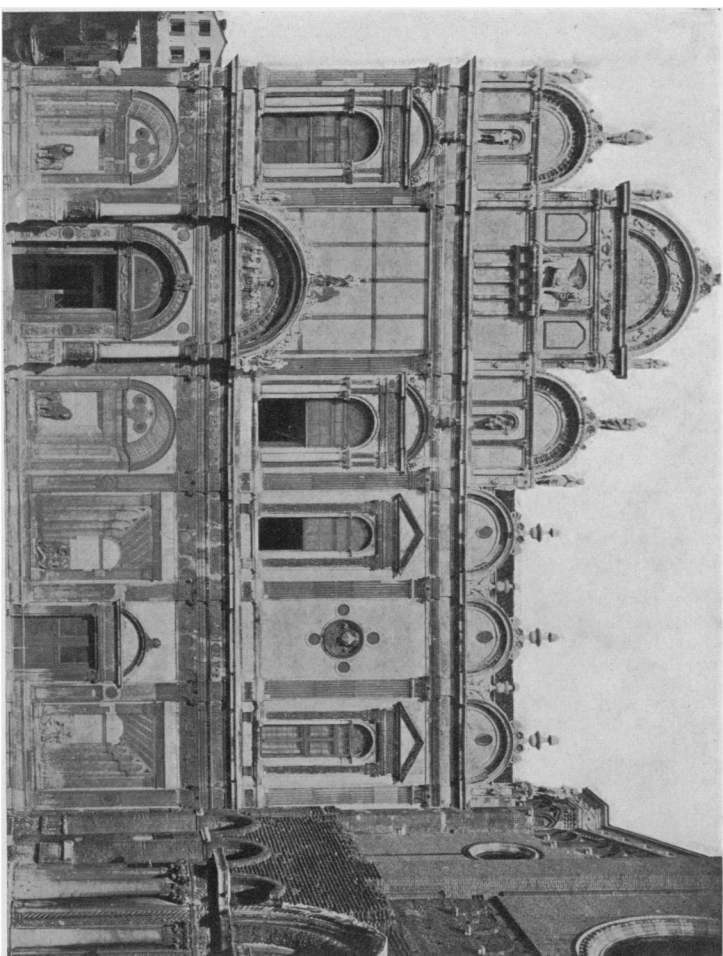
There were windows on three sides and plenty of light and air. It was also pleasantly warm, as modern "central-heating" has been cleverly introduced into the old walls. The hundred beds were all full,—it was a men's ward,—and perfect quiet and order prevailed, yet, strange enough to my eyes, not a nurse was anywhere to be seen.

The next largest wards to this one that I have ever seen are in the County Hospital in Chicago, and one could never enter those wards without finding from four to eight nurses at work.

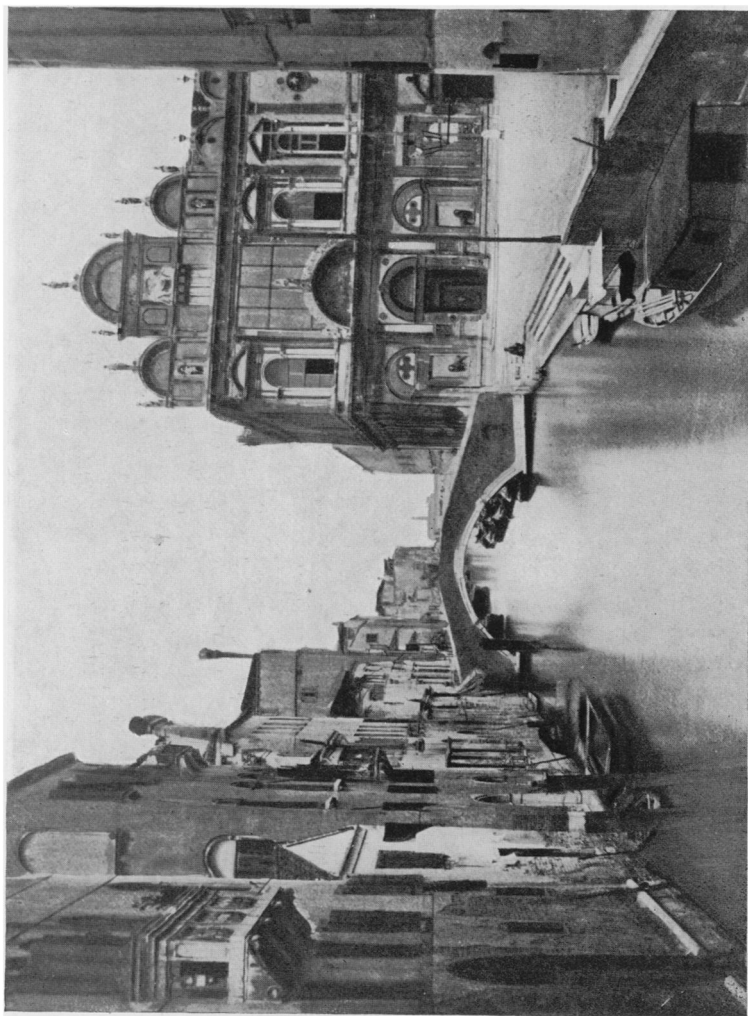
The beds were nice, modern iron beds, with good mattresses, generous pillows, and the linen sheets looked well-kept and ample. Beside each bed was a modern glass-topped metal table, and every man had his own set of very pretty glass flasks of uniform size, one for milk, one for wine or water, and one for medicine. His medicine bottles were also there, for him to take his own doses of what I think we would call the t.i.d.'s. Under each bed, strangest of all to American eyes, stood in matter-of-course array the vessels which we keep in the lavatory and bring out on occasion only.

As we went on through the ward it became evident that several of the men who seemed like convalescent patients were in reality the "nurses," or "servant-nurses," and presently there emerged from a door a young nun, dressed in black with a close black cap and a white apron. She was followed by one of the men "nurses," who carried a large tray on which stood a basin with solution and pledgets of cotton, and a bowl containing a pile of tiny and most dainty little glass phials.

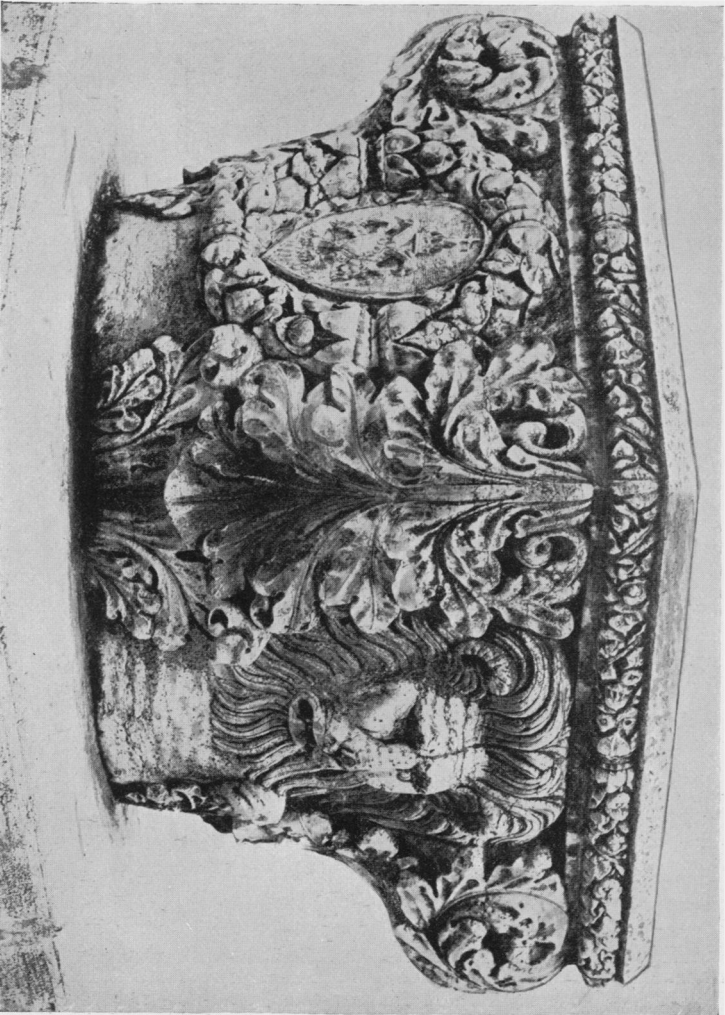
The sister carried a hypodermic needle, and to my interest I found that she was going to give a number of more important medicines, which in Italy are given hypodermically as a routine treatment. Each tiny phial held one dose of medicine hermetically sealed. The sister broke the seal, filled the needle by inserting it into the neck of the phial, and went rapidly from one patient to another, cleansing her needle as she went with the cotton in solution. She administered thus iron, guaiacol, and a number of other drugs which we would be quite unaccustomed to give in this fashion. As the patients bared their arms



CIVIL (OR CITY) HOSPITAL, VENICE FORMERLY SCHOOL OF ST. MARK



SITE OF THE CIVIL HOSPITAL, VENICE



WELL HEAD IN THE COURT OF THE CIVIL HOSPITAL, VENICE



CEILING OF THE ROOM NOW LARGEST WARD, CIVIL HOSPITAL, VENICE

numerous old punctures were seen, but all looked well—the sister did not seem to have abscesses complicate her work.

The other wards we saw were long and not so large. They held fifty beds. Surgical dressing-rooms and operating-rooms were plain but neat and orderly. The physicians have a most beautiful library, adorned with wood-carving and paintings by old masters. Their rooms are in the ancient “cells” once occupied by the monks, and the sisters are lodged in similar fashion.

The whole hospital is immense and superb in details, but I will not try to describe it all. It accommodates thirteen hundred patients, and forty sisters are detailed to it for day and night. This proportion shows that their work can be only supervisory, with little actual nursing. The marvel to me was that it could look so well. The floors were terrazzo, and we saw the “servant-nurses” sweeping them with wet sawdust, which seemed an excellent detail. The wet sawdust was thickly sprinkled over the floor and then swept up with the clumsy-looking Italian broom, leaving the floor perfectly clean.

In the art and architecture of Venice many records are found of old times of plague and pestilence. For instance, in the Scuola di San Rocco there are frescoes on the walls of the staircases depicting the plague at its height and its abatement, and the magnificent church of Santa Maria della Salute was built in commemoration of the plague of 1630. Within is a marble group showing the Virgin exorcising the plague demons, and to this day the festival is observed which was instituted in gratitude after the disappearance of the pestilence. Although there are several other churches in Venice also built in expiation or in gratitude in plague times, this one is the most important.

It so chanced that I was there on the festival day, and all the streets near the church were filled with the booths and carts of the venders of candles of enormous size. People came from all over the city, rich and poor, and everyone gave at least one candle as an offering.

L. L. D.

(To be continued.)

ITEMS

DISTRICT nursing work in Liverpool has just lost the services of Miss Sara Wilson, who has devoted the last twenty-five years of her life to this service, and has now retired from work. Miss Wilson was in close relation with the late Mr. William Rathbone, the founder of district nursing. Their ideals were the same—not only that the sick person should be nursed back to health, but that the whole family should learn better and more sanitary ways of living.

The labors of such pioneers as Miss Wilson may justly be regarded as having broken the ground for the modern movement towards better housing of the poor, which is the very bottom foundation of public health, and their names deserve to stand with the benefactors of humanity.

MISS AMY HUGHES proposed the following important resolution at a conference of the Women's Industrial Council in February:

“That this conference is impressed with the urgent need of providing training for girls of the industrial class in the care and management of children; that this training, on broadly technical lines, should take place at a day technical school, and continue for not less than one year; and that this conference earnestly recommends the Technical Education Board of London, and all organizations

dealing with technical training, to consider the advisability of establishing suitable schools."

There is room for a whole editorial in this resolution. It is like all Miss Hughes's work and shows her steadily pushing forward in efforts designed to make the world a better place than she found it.

It is surprising to read that the Central Hospital Council, composed of representatives from the managing boards of the London hospitals, are uncompromisingly opposed to registration and have formulated a resolution to that effect, and have also declared their determination to fight it in Parliament. When we recall the practical and most effective support given to the American nurses' movement by hospital governors and managers we are really unable to understand the attitude of the London council, except by a deduction very unflattering to themselves. Why should they not be as liberal and progressive as the American hospital boards?

THE Irish Nurses' Association has formed a Standing Committee to deal with the business in connection with the bills for State registration, and intends forming sub-committees throughout the country to educate the public. This is practical and good, and we are delighted to see such a vigorous ally coming to the aid of the English society. What is Scotland doing?

THE English nurses' registration bill was introduced into the House of Commons by Dr. R. Farquharson on Monday, February 15, and read for the first time. We extend our hearty congratulations and best wishes to the English Society for Registration, and hope that it may triumph in its efforts for legislation.

A LIST of hotels and pensions for foreigners attending the congress will be furnished on application to Frau Maria Gubitz, Berlin W., 35 Lükow Str., 85a.

AN Anglo-American Hospital has been opened at Cairo. Besides beds for private patients it has provision also for non-paying patients.



WOMEN NURSES IN BOSTON.—That women nurses are not employed to care for male patients in Boston is a discovery just made by a Philadelphia physician, who says that the regard for the proprieties there is such that it is considered more fitting to hire a male nurse for a male patient. This declaration would not be accepted seriously if one of the Philadelphia papers had not taken it up and soberly commented upon it as a sign of Boston's eccentricities. As a matter of fact, very few male nurses are employed in Boston. The situation is, that over ninety per cent. of male patients have female nurses. Women are more sympathetic, more attentive, more careful, and more faithful in their service than male nurses, and for this reason physicians as a general rule recommend them. Besides, they cost less. (?)